MAXIMUS Federal Services

Case Number:	CM14-0020086		
Date Assigned:	04/25/2014	Date of Injury:	08/19/2004
Decision Date:	07/09/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The case involves a 64-year-old female, who was injured in a work-related accident on 08/19/04 sustaining an injury to the right knee. Clinical records available for review include an MRI report of the right knee from 12/18/13 showing a radial tear to the posterior horn of the medial meniscus, with extensive chondral loss in the patellofemoral medial compartment with full thickness changes. There was also significant change to the trochlear groove. Conservative care included previous corticosteroid injection with no relief, physical therapy, medication management, work restrictions, and bracing. An orthopedic follow-up on 01/02/14 with [redacted], stated that there was continued complaints of pain. Physical examination showed 0 to 110 degrees range of motion, with medial joint line tenderness and positive crepitation. Surgical intervention in the form of arthroscopic meniscectomy and debridement were recommended for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

OUTPATIENT ARTHROSCOPY WITH MENISCECTOMY AND SYNOVECTOMY OF THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Compensation, 18th Edition, 2013 Updates, Knee & Leg Chapter; ODG Indications for Surgery, Diagnostic arthroscopy: Criteria for diagnostic arthroscopy; and the

Perioperative Management of Patients with Rheumatic Disease, 2013, Knee Arthroscopy, Page 353-359.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

Decision rationale: The MTUS/ACOEM Guideline criteria clearly indicates that arthroscopic surgery in individuals with advanced underlying degenerative change yield less than satisfactory clinical outcomes. In this setting, the claimant is with significant degenerative change to both the patellofemoral joint and medial compartment. The role of an isolated meniscectomy in the setting of the claimant's advanced degenerative findings would not be supported as medically necessary.